



Hospital Fiscal Report  
State Form 49520 (R2 /7-02)  
(Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: BLUFFTON REGIONAL MEDICAL CENTER

City of Hospital: Bluffton

Year Begin: 01/01/2021 (mm/dd/yyyy format)

Year End: 12/31/2021 (mm/dd/yyyy format)

Person Completing the Report: Sherry Knight

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Medicare Provider Number: 150075

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$52374302
Outpatient Patient Service Revenue	\$154656528
Total Gross Patient Service Revenue	\$207030830

2. Deductions From Revenue

Contractual Allowance	\$166199823
Other Deductions	\$166199823
Total Deductions	\$332399646

3. Total Operating Revenue

Net Patient Service Revenue	\$39359103
Other Operating Revenue	\$189252
Total Operating Revenue	\$39548355

4. Operating Expenses

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Salaries and Wages	\$12454247	Employee Benefits	\$3121092
Depreciation and Amortization	\$5290162	Interest Expense	\$52341
Bad Debt	\$1471904	Other Expenses	\$18469516
Total Operating Expenses	\$40859262		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1310907	Total Assets	\$29955953
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$38055315
Total Net Gains	\$-1310907		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$47085763	\$40875376	\$6210387
Medicaid	\$40868439	\$34321825	\$6546614
Other Government	\$3071650	\$2712355	\$359295
Other State	\$0	\$0	\$0
Other Payers	\$116004978	\$88290267	\$27714711
Total	\$207030830	\$166199823	\$40831007

#### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$310807
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$59115	
HCI Payments	\$0		
Subtotal	\$0	\$59115	\$-59115
Medicaid Shortfalls	\$6546613	\$7773177	
Subtotal	\$6546613	\$7832292	\$-1285679
DSH Payments	\$0		

	Subtotal	\$6546613	\$7832292	\$-1285679
Medicare Shortfalls		\$6210387	\$8955712	
Other Government Programs		\$359296	\$584228	
	Total	\$13116296	\$17372232	\$-4255936

Statement Seven: Subsidized Health Services for the Community
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	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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